

Student Name	
School	
Parents Name	
	StateZip
Two Telephone Numbers t	o call in case of emergency:
	Number:
Name:	Number:
Group sponsoring trip	
Name of Advisor	
	edical insurance coverage?
☐ Yes	□ No
If yes, name of medical ins	urance carrier:
Please list medication you	r son or daughter will be taking.
In case of medical emerg	gency, I give the above named
advisor authority to do wh	atever is necessary to handle the
emergency. I understand	that as a parent/guardian I am
= :	r payment of medical expenses
	below is authorization to allow
medical treatment by a ph	
	•
I release Hammers, Hard Ha	ats and Hotdogs representatives,
agents servants and employees from liability for any	

injury to the named person, resulting from any cause whatsoever occurring to the named person at any time while attending this event, including travel to and from

Signature of Participant

the event.

Signature of Parent



participate in this event.



Learn the latest techniques in the building industry

No Admission • Lunch will be provided









• Interior Trim

Painting

Roofing

- Framing
- Electrical
- Plumbing
- Drywall
- Stucco

• Tiling

 Cabinetry Activities are subject to change without notification.

- Architecture
  - Real Estate
  - Concrete

  - Track Hoe

- Back Hoe
- Bobcats
- Welding
- Concrete Testing Belt Sander Races
  - Snowplow Simulator



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DAHO BCASEI







If you are interested in a future in the construction industry, or are just curious about how things work, this is the event for you!